



Internal Use Only:			
Tax ID #		Date	
License Code		Initial	
Received By		Amount	
Session #		Check #	

BUSINESS LICENSE APPLICATION

Note: The City Imposes its Business License Tax within its Police Jurisdiction

Return to: Revenue Division

P.O. Box 4089, Gulf Shores, AL 36547

Fax to: 251-968-1470

Application Type: ☐ New ☐ Owner Change ☐ Location Change ☐ Name Change

Type of Business: ☐ 1 Manufacturer ☐ 2 Contractor ☐ 4 Retailer/Product
☐ 3 Wholesaler ☐ 5 Other _____
Organizational Type: ☐ 1 Corporation ☐ 2 Partnership ☐ 3 LLC ☐ 4 LLP ☐ 5 LP
☐ 6 Proprietorship ☐ 5 Other _____

Business Description (be specific): _____

Legal Business Name: _____

"Trade Name" (D/B/A): _____

Billing/Mailing Address:

Physical Location of Business:

PO Box/Street # and name

Street # and name; Suite #

City/State/Zip

City/State/Zip

Telephone: () _____ () _____ () _____
 Business Cell Home

E-Mail Address: _____ **Federal ID#:** _____

Is the physical location of your business also your residence? ☐ Yes ☐ No

Business physically located ☐ within Gulf Shores city limits ☐ within Gulf Shores police jurisdiction ☐ outside of both

*Police Jurisdiction Definition: The area outside of the incorporated municipality limits as defined by local ordinance. Businesses physically located in the police jurisdiction are subject to purchase a business license per the municipality's ordinance at one-half the normal rate, if applicable.

Will your sales people or delivery people enter into Gulf Shores? ☐ Yes ☐ No ☐ N/A

Start date for conducting business in Gulf Shores: ____/____/____

Tax Returns Filed by: ☐ Mail ☐ On-line ☐ N/A

Estimated Gulf Shores' Gross Income through end of current year \$ _____ **(Required)**

Sub-Contractor Only? ☐ Yes **Name of General Contractor (if applicable)** _____
Copy of Alabama Certification required for General Contractor/Homebuilder/HVAC/Landscaper/Electrical/Plumber
Contract Amount: \$ _____ **(Required for License Fee calculation)**

Number of employees working in Gulf Shores Only:

A. Number of Full-time employees: _____ B. Number of Part-time Employees: _____

Owner(s), Partners and Officers Information (Attach separate sheet, if necessary):

Name

Driver's License #/State

Title

(If Incorporated) Date of Incorporation: _____ Location of Incorporation: State: _____ County: _____

Contact Person _____ **Title** _____ **Phone #** _____
Please print

Business Property(Gulf Shores only): ☐Own ☐Lease (If Leased, Provide Property Owner Information)

Leased Property Owner Name: _____

Address: _____

Phone: _____ Email: _____

Business Owner's Residential Address:

Name: _____

Current Address: _____

Phone: _____ Email: _____

The information provided on this application is a true and complete representation of the above-named entity and person(s) listed.

Signature: _____ **Print Name:** _____

Date: _____

_____(initial) This form is intended as a simplified, standard mechanism for businesses to initiate contact with the City of Gulf Shores concerning their activities within the city. A business license will be required prior to engaging in business. If a business intends to maintain a physical location within the city, there are normally zoning and building code approvals required prior to the issuance of a license.

In certain instances, a business may simply be required to register with the city to create a mechanism for the reporting and payment of any tax liabilities. Contact the City of Gulf Shores for any zoning, building code and/or tax liability requirements.

The completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. Any prerequisites for a particular type and location of the business must be satisfied prior to licensing.

Internal Use Only:

Tax Liability: ☐Sales/Seller's Use ☐Lodging ☐Lease/Rental
☐Consumer's Use ☐Liquor ☐Beer ☐Wine ☐Tobacco ☐Gas

Frequency: ☐Monthly ☐Quarterly ☐Occasional
Forms Mailed: ____/____/____

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM:

- Please complete all areas of the form except for the shaded areas.
 - Form should be typed or printed legibly.
 - Form should be dated and signed by an owner, partner, or officer of the business.
 - Form will initiate the process for registering your business with the city.
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After completing this form, it can be mailed, sent by fax, or where possible, sent by electronic mail to the city.

Upon receipt of the completed form, the city will provide any additional forms and information regarding other specific requirements to you in order to complete the licensing process and collect fees due.

Please provide a copy of your certification/permit along with your application (if applicable)
Food establishments must furnish a copy of their County Health Permit.

ALL BUSINESS LICENSE RENEWALS EXPIRE DECEMBER 31, ARE DUE JANUARY 1, AND DELINQUENT AFTER JANUARY 31, WITH THE EXCEPTION OF INSURANCE COMPANY LICENSES WHICH ARE DUE JANUARY 1, DELINQUENT AFTER MARCH 1.

Should there be any questions concerning the completion of this form or the licensing and/or registration process, please contact the Revenue Division at 251-968-2426.